

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 604876 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12			1			
13				1		
14				1		
15				2		
16				1		
17			1			
18				1		
19				2		
20				2		
21			1			
22				1		
23			1			
24			1			
25						
26						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.			21			
TOTAL CLAIMS			27			

	*	*	*
51	IND.	DEP.	IND.
52			DEP.
53			IND.
54			DEP.
55			IND.
56			DEP.
57			IND.
58			DEP.
59			IND.
60			DEP.
61			IND.
62			DEP.
63			IND.
64			DEP.
65			IND.
66			DEP.
67			IND.
68			DEP.
69			IND.
70			DEP.
71			IND.
72			DEP.
73			IND.
74			DEP.
75			IND.
76			DEP.
77			IND.
78			DEP.
79			IND.
80			DEP.
81			IND.
82			DEP.
83			IND.
84			DEP.
85			IND.
86			DEP.
87			IND.
88			DEP.
89			IND.
90			DEP.
91			IND.
92			DEP.
93			IND.
94			DEP.
95			IND.
96			DEP.
97			IND.
98			DEP.
99			IND.
100			DEP.
TOTAL IND.			IND.
TOTAL DEP.			DEP.
TOTAL CLAIMS			DEP.